



Spiritual well-being and moral distress among Iranian nurses

Mohammad Ali Soleimani

Qazvin University of Medical Sciences, Iran

Saeed Pahlevan Sharif

Taylor's University, Malaysia

Ameneh Yaghoobzadeh and Mohammad Reza Sheikhi

Qazvin University of Medical Sciences, Iran

Bianca Panarello

Concordia University, Canada

Ma Thin Mar Win

National University of Singapore (NUS), Singapore

Abstract

Background: Moral distress is increasingly recognized as a problem affecting healthcare professionals, especially nurses. If not addressed, it may create job dissatisfaction, withdrawal from the moral dimensions of patient care, or even encourage one to leave the profession. Spiritual well-being is a concept which is considered when dealing with problems and stress relating to a variety of issues.

Objective: This research aimed to examine the relationship between spiritual well-being and moral distress among a sample of Iranian nurses and also to study the determinant factors of moral distress and spiritual well-being in nurses.

Research design: A cross-sectional, correlational design was employed to collect data from 193 nurses using the Spiritual Well-Being Scale and the Moral Distress Scale-Revised.

Ethical considerations: This study was approved by the Regional Committee of Medical Research Ethics. The ethical principles of voluntary participation, anonymity, and confidentiality were considered.

Findings: Mean scores of spiritual well-being and moral distress were 94.73 ± 15.89 and 109.56 ± 58.70 , respectively. There was no significant correlation between spiritual well-being and moral distress ($r = -.053$, $p = .462$). Marital status and job satisfaction were found to be independent predictors of spiritual well-being. However, gender and educational levels were found to be independent predictors for moral distress. Age, working in rotation shifts, and a tendency to leave the current job also became significant after adjusting other factors for moral distress.

Discussion and conclusion: This study could not support the relationship between spiritual well-being and moral distress. However, the results showed that moral distress is related to many elements including individual ideals and differences as well as organizational factors. Informing nurses about moral distress and

Corresponding author: Amenah Yaghoobzadeh, Social Determinants of Health Research Center, Qazvin University of Medical Sciences, Qazvin 34147, Iran.

Email: a.yaghoobzadeh@yahoo.com

its consequences, establishing periodic consultations, and making some organizational arrangement may play an important role in the identification and management of moral distress and spiritual well-being.

Keywords

Moral distress, nurses, spiritual well-being

Introduction

Growing development and changes of the modern world in health affect nursing ethics and cause increased public concern related to moral dilemmas.¹ As nurses spend more time to communicate with patients, the importance of moral care will be as important as the technical aspects of nursing.² Indeed, there are certain ethical situations in healthcare that nurses encounter that are complex and that require a collaborative approach to solve.³ Some examples of these types of distressing situations include prolonged and continuous contact with critically ill and near-death patients, increased responsibilities, lack of adequate recreational facilities, decreased clinical knowledge, diminished support from leaders, difficult decision-making in a critical situation, mistakes in caring and treatment, futile care, lack of respect from doctors, and finally, providing unrealistic and inadequate information about problems and prognosis of patients' clinical condition.⁴ Nurses face these pressures on a daily basis, and unfortunately, they often do not have enough support and guidance to ensure that they react appropriately.¹ A review of the current literature revealed that nurses involved in an ethical dilemma are often confused due to some barriers that exist, such as decreased clinical capabilities or professional competence, or a lack of medical care providers and hospital policies.⁵

Moral distress is one of the most damaging ethical issues in nursing.⁶ For the first time in 1984, Andrew Jameton defined moral distress as a "painful feeling or mental imbalance caused by inability of a person to perform the duties due to internal or external restrictions."⁷ According to this definition, a person is familiar with his or her personal and professional work goals, but he or she cannot attain them.⁸ Moral distress creates some symptoms such as sadness, deprivation, and anxiety and in the long-term causes dissatisfaction and burnout among nurses.⁹ These outcomes not only affect nurses but also influence patients due to the fact that nurses provide poor and inadequate care, which consequently leads to an increased patients' hospital stay.¹⁰

Moral distress can be influenced by individual and organizational factors. Results of some studies showed that moral distress has a negative association with age, income, and job experience. Also, moral distress is significantly related to educational level and a tendency to leave the job.^{11–13} However, studies in intensive care units (ICUs) and clinical settings failed to find a significant difference between severity and frequency of moral distress in both men and women.^{14,15} However, another study reported higher moral distress in women than in men.¹⁴ Results of several studies reported that moral distress has a positive correlation with burnout^{13,16,17} and a negative correlation with job satisfaction.¹¹ Conflicting results have been reported regarding the severity of moral distress in different wards, but the most severity in moral distress and the least severity in moral distress were in the ICUs and surgical sections, respectively.^{18,19}

Moral distress has negative consequences on nurses' health status.²⁰ Public health problems, distancing and avoidance strategies toward patients, leaving the current job, losing veteran nurses from the workforce, and decreasing the quality of patient care are among these consequences.²¹ Nightmares, insomnia, heart palpitations, and neck pain have all been reported as negative personal symptoms of moral distress.²⁰ Anxiety and frustration, intolerance, feelings of worthlessness, anger, and depression also appear to have a negative impact on nurses' mental health. Therefore, stressful conditions like moral distress predispose nurses to mental problems, decreased physical strength, and increased physical symptoms.²²